SCHEDULE B (FEC Form 3X)		3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 221/2							50
TEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page		heck on 21b 27	22 28a	X 23 28b	F	24 28c	25		26 30
r for commer NAME OF	on copied from such Report cial purposes, other than us COMMITTEE (In Full) HEALTH SOLUTIONS	sing the name and addr	ess of any political o	commi	ttee to s	olicit conti	ributions f	rom				
Full Name	(Last, First, Middle Initial) FOR ENGLISH					Trans	action ID	): E>		45018		
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	ull Name (Last, First, Middle Initial) ROGERS FOR CONGRESS					Date	action ID	eme		45013		
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City BRIGHT	ON	State MI	Zip Code 48116			Amou	int of Eac	n Dis	burse			iod
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Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS							action ID			45021		
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